

EXHIBIT 194

MODEL LETTER ANNOUNCING COMPLIANCE WITH ALL SURVEYED MEDICARE CONDITIONS OF PARTICIPATION AFTER A SAMPLE VALIDATION OR SUBSTANTIAL ALLEGATION SURVEY

(Date)

Hospital Name

Address

City, State, ZIP Code

Dear (Provider Name):

RE: Provider Number (Provider Number)

I am pleased to inform you that as a result of the (State agency's) (sample validation)(substantial allegation) survey, (name of hospital) was found in compliance with all the Medicare Conditions of Participation and will continue to be "deemed" to meet applicable Medicare requirements based upon accreditation by the (Joint Commission on Accreditation of Healthcare Organizations) (American Osteopathic Association).

The (State agency) advised you of the Medicare deficiencies noted during the (sample validation)(substantial allegation) survey of your hospital, and we are enclosing a complete listing of all deficiencies found by the (State agency). We have forwarded a copy of this letter and our findings from this survey (optional -- and your plan and timetable for correcting the Medicare deficiencies cited) to the (Joint Commission on Accreditation of Healthcare Organizations) (American Osteopathic Association) for its review. The (State agency) has also been sent a copy of this letter. The (Joint Commission on Accreditation of Healthcare Organizations) (American Osteopathic Association) may be in touch with you to discuss the Medicare survey findings.

Since your hospital has been found "in compliance," you do not have to submit a plan for correcting any of the Medicare deficiencies cited by the (State agency). However, under Federal disclosure rules a copy of the findings of this Medicare survey must be publicly disclosed within 90 days of the completion. You may therefore wish to submit for public disclosure, if you have not already done so, your comments on the survey findings, and any plans you may have for correcting the cited deficiencies.

(Name)

Page 2

(Date)

We thank you for your cooperation and look forward to working with you on a continuing basis in the administration of the Medicare program.

Sincerely yours,

Associate Regional Administrator
(or its equivalent)

Enclosure: Form CMS-2567

cc:

Central Office
JCAHO/AOA
State Agency